Iron Poisoning Treatment

- Once the doctor makes sure your child is breathing normally, the child likely will have his or her whole bowel cleaned by drinking a strong laxative fluid.
- Severe poisonings will require intravenous chelation therapy—a series of intravenous infusions containing deferoxamine mesylate (Desferal), a chemical that binds to iron in a cell and is then excreted in urine.
  - Deferoxamine can be administered intravenously or by shot, but the intravenous route is preferred for easier dose adjustment. A change in urine color (to a red-orange) and low blood pressure are common side effects with deferoxamine treatment.
  - Usually children require no more than 24 hours of therapy.
- Orogastric lavage, or pumping of the stomach, can be considered, but it is generally only helpful if performed within 1 hour of swallowing the pills. Insertion of the tube can cause complications, and many pills may not fit through the ports of a lavage tube if they are not disintegrated.
- If ingestion of other medications is suspected, the physician may give the child activated charcoal to drink. Activated charcoal does not bind to iron but may be useful in adsorbing other medications.

Self-Care at Home

If you suspect your child has accidentally swallowed iron tablets, call your doctor or poison control center immediately. You can locate your regional poison control center phone number before an emergency by checking the Web site of the American Association of Poison Control Centers.

- Do not attempt to induce vomiting, either manually or with syrup of ipecac. This will make it more difficult to assess whether your child is truly iron toxic.
- Bring the medicine containers along with you to the hospital.

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